U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

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04/06/2006 INTEFSW  00000210 10595292

01 FC:2631                    150.00 OP
02 FC:2632                    250.00 OP
03 FC:2633                    100.00 OP
09/13/2006 SAHHED1  00000003 10595292

01 FC:2642                    200.00 OP

Refund Ref:
09/13/2006        0030034477
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Credit Card Refund Total:     $50.00


VISA....: XXXXXXXXXXXXX2605




tment date: 09/13/2006  SAHHED1
/2006 INTEFSW  00000210 10595292
:2632                        -250.00 OP-
```

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/ 595,292

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE		
EXAMINATION FEE		
SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	150	OR	BASIC FEE	
EXAM. FEE	100		EXAM. FEE	
SEARCH FEE	200		SEARCH FEE	
X $ 125 =			X $ 250 =	
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL	450	OR	TOTAL	

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
Total	*	Minus	**	=	X $ 25 =		OR	X $ 50 =	
Independent	*	Minus	***	=	X $ 100 =		OR	X $ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+ $ 180 =		OR	+ $ 360 =	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.